

RE: CRESTON AVENUE

Dear Prospective Applicant:

Enclosed is an application for the above-referenced building, which participates in a governmentally assisted affordable housing program supervised by the Low-Income Affordable Marketplace Program (LAMP) of the New York City Housing Development Corporation and the Participation Loan Program of the New York City Department of Housing Preservation and Development, hereinafter referred to as the Agency. Please note the following before completing and returning this application:

1. Applications will be selected on a first come first serve basis. Depending on the volume of applications received, it may not be possible for all of them to be opened. Accordingly, it is possible that you may not receive a response. All applicants are encouraged to monitor the internet resource center established by The City of New York (www.nyc.gov/housing) to keep up with new housing opportunities to which they may apply. Applying to more buildings, including those in locations that might not be your first preference, can only increase the chances that one of your applications will be opened and processed.
2. Each applicant may submit only one application. Duplicate applications/submissions will not be considered.
3. The application should be filled out very carefully. Leaving out information pertaining to the number and names of household members applying to live in the unit, or their incomes, may result in disqualification. In addition, DO NOT USE WHITE-OUT OR LIQUID PAPER anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) sign your initials near the change.
4. ONLY THE APPLICATION ITSELF SHOULD BE SUBMITTED AT THIS TIME. DO NOT ATTACH ANY CHECKS OR OTHER DOCUMENTS TO YOUR APPLICATION. If your application is selected for further processing, additional information will be requested at that time. No broker or application fees may be charged in connection to this program. If your application is drawn for further processing, a non-refundable credit check fee (\$25 for households with 1 or 2 adults or \$50 for households with 3 or more adults) will be collected by the management company *at that time*. Again, this should NOT be sent with your application.
5. Income Eligibility: Below is a chart which breaks down the mandatory income levels for the affordable units in this building, based on family size. All income sources for all household members should be listed on the application. In general, gross income is what is calculated for most income except that net income is analyzed for self-employed applicants. Net business income from current and prior years is considered for self-employed applicants, and such applicants must have at least two complete years in the same self-employed field. However, apart from these general guidelines, every applicant's income information (both current income as well as from the recent past) will be considered.

to evaluate eligibility and document a continuing need for housing assistance. Further, please note that all sources of income must be able to be documented and verified. If your application is selected for processing you will be contacted with a list of such documentation which you will need to provide at that time.

6. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied. These include:
 - A. Credit History
 - B. Rent Payment History
 - C. Criminal Background Checks
 - D. Qualification as a Household – the Agency’s housing programs are designated for individuals, families and households who can document financial interdependence as a household unit. These affordable programs are not intended for “roommate situations” and so such applicants will not be eligible under this household criterion.
 - E. Continuing Need – Applicants to HPD/HDC’s affordable housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history.
 - F. Property Ownership – Applicants to rental units may not own residential property, or shares in a co-op, in or within one hundred (100) miles of New York City.
 - G. Asset Limits – There is a limit to the amount of total household assets allowed (excluding specifically designated retirement and college savings accounts). The household asset limit for rental units is equal to the maximum income limit for a four (4)-person household at the area median income (AMI) level for which the unit is designated.
7. Primary Residence Requirement: Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. Therefore any approved tenant will need to surrender any other primary residences or leases prior to signing a lease for this program. While this is true of all other apartments, maintaining more than one unit which participates in any governmental housing program is a particularly egregious violation of this requirement. If you are presently residing in another governmentally assisted unit, you are free to apply to this building provided that you comply with this requirement and give up your current such unit before signing a lease with this building (if you are selected and approved). Violation of this requirement may lead to the loss of the apartments and leases in question as well as referral to the appropriate authorities for potential criminal charges.
10. Submission of False or Incomplete Information: Prospective applicants should be aware that this is a governmentally assisted housing program. The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will not only result in an applicant’s disqualification, but will be forwarded to the appropriate authorities for further action – including the possibility of criminal prosecution. All paperwork and documents submitted by applicants are subject

to review by The New York City Department of Investigation, a fully empowered law enforcement agency of The City of New York.

Once you have reviewed all of this information, and would still like to apply, please complete and return the enclosed application. Deadline information and return mail instructions are included in the attached notice.



Updated November 2025

**APPLICATION FOR APARTMENT
WFHA CRESTON AVENUE, L.P.**

INSTRUCTIONS:

1. **SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD.** Applications will be selected on a first come first serve basis.
2. **Depending on the volume of applications received, it may not be possible for all of them to be opened. Accordingly, it is possible that you may not receive a response. All applicants are encouraged to monitor the internet resource center established by The City of New York (www.nyc.gov/housing) to keep up with new housing opportunities to which they may apply. Applying to more buildings, including those in locations that might not be your first preference, can only increase the chances that one of your applications will be opened and processed.**
3. **You must complete the first three sections (Sections A, B, and C) as well as sign and date the application in order for your application to be reviewed if it is selected for further processing. The application should be completed very carefully. Incomplete information for the number and names of household members applying to live in the unit, or their incomes, may result in disqualification. In addition, do not use white-out or liquid paper anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) sign your initials near the change.**
4. Only the application should be submitted at this time. If your application is selected for further processing, additional information will be requested at that time.
5. Mail completed application to:
**WFHA CRESTON AVENUE, L.P.
43-55 11th STREET
LONG ISLAND CITY NY 11101**
6. **No payment should be given to anyone in connection with the preparation or filing of this application. No broker or application fees may be charged. If your application is selected for further processing, a non-refundable credit check fee will be collected by the management company at that time (\$25 for households with 1 or 2 adults or \$50 for households with 3 or more adults).**
7. **Income Eligibility:** Please review the chart in the project advertisement which breaks down the mandatory income levels for the HPD/HDC housing program of the building you are applying to, based on family size. All income sources for all household members should be listed on the application. In general, gross income is calculated for most applicants, except that net income is analyzed for self-employed applicants. Net business income from current and prior years is considered for self-employed applicants, and such applicants must have at least two (2) to three (3) complete years in the same self-employed field. Further, please note that all sources of income must be able to be documented and verified. If your application is selected for further processing you will be contacted, via the method you select on the application (email or paper mail), with a list of such documentation that you will need to provide at that time.

8. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied. These include, but are not limited to:
- Credit History
 - Rent Payment History
 - Criminal Background Checks
 - Qualification as a Household – the Agency’s housing programs are designated for individuals, families and households who can document financial interdependence as a household unit. These affordable programs are not intended for “roommate situations” and so such applicants will not be eligible under this household criterion.
 - Continuing Need – Applicants to HPD/HDC’s affordable housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history.
 - Property Ownership – Applicants to rental units may not own residential property, or shares in a co-op, in or within one hundred (100) miles of New York City.
 - Asset Limits –There is a limit to the amount of total household assets allowed (excluding specifically designated retirement and college savings accounts). The household asset limit for rental units is equal to the maximum income limit for a four (4)-person household at the area median income (AMI) level for which the unit is designated.

Household Asset Limits 2025:

UNIT(S) FOR WAITING LIST

| Unit Size(s) | Monthly Rent Range ¹ | Household Size(s) ² | Annual Household Income ³ Minimum – Maximum ⁴ |
|--------------|---------------------------------|--------------------------------|------------------------------------------------------------------------|
| 0 Bedroom | \$1,239 - \$1,605 | 1 - 2 | \$39,408 - \$77,760 |
| 1 Bedroom | \$1,370 - \$1,713 | 1 - 3 | \$46,978 - \$87,480 |
| 2 Bedroom | \$1,842 - \$2,043 | 2 - 5 | \$63,170 - \$105,000 |

UNIT(S) AVAILABLE FOR IMMEDIATE LEASING

| Unit Size | 60% AREA MEDIAN INCOME (AMI) | Monthly Rent ¹ | Household Size ² | Annual Household Income ³ Minimum – Maximum ⁴ |
|-----------|------------------------------|---------------------------|-----------------------------|------------------------------------------------------------------------|
| Studio | | \$1,150 | 1 Person | \$42,720 - \$68,040 |
| | | | 2 People | \$42,720 - \$77,760 |
| 1 Bedroom | | \$1,261 - \$1271 | 1 Person | \$46,972 - \$68,040 |
| | | | 2 People | \$46,972 - \$77,760 |
| | | | 3 People | \$46,972 - \$87,480 |
| 2 Bedroom | | \$1,699 | 2 People | \$63,189 - \$77,760 |
| | | | 3 People | \$63,189 - \$87,480 |
| | | | 4 People | \$63,189 - \$97,200 |
| | | | 5 People | \$63,189 – 105,000 |

9. Application Preferences: There is a general preference for current New York City residents. Households outside of New York City are free to apply, but their applications will be assigned a low priority and processed only after all NYC resident applicants

10. Primary Residence Requirement: Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. Therefore any approved tenant will need to surrender any other primary residences prior to signing a lease for this program. While this is true of all other apartments, maintaining more than one unit which participates in any governmental housing program is a particularly egregious violation of this requirement. If you are presently residing in another governmentally assisted unit, you are free to apply to an HPD/HDC housing development provided that you comply with this requirement and give up your current such unit before signing a lease once you are selected and have been approved. Violation of this requirement may lead to the loss of the apartments and leases in question, as well as referral to the appropriate authorities for potential criminal charges.

11. Submission of False or Incomplete Information: Prospective applicants should be aware that this is a governmentally assisted housing program. The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will not only result in an applicant's disqualification, but will be forwarded to the appropriate authorities for further action – including the possibility of criminal prosecution. All paperwork and documents submitted by applicants are subject to review by the New York City Department of Investigation, a fully empowered law enforcement agency of the City of New York.

A. Name & Address (Required)

| | |
|-------------------------------------------------------------------------------|--|
| First, Middle Initial, & Last Name, Suffix: | |
| Current Address Line 1: | |
| Current Address Line 2: | |
| City: | |
| State: | |
| Zip Code: | |
| Cell Phone: | |
| Home Phone: | |
| Work Phone: | |
| Email: | |
| How long have you lived at this address? _____ <u>Years</u> , _____ Months | |

Please select **one** of the following, email or paper mail as your preferred method of communication for ALL future correspondence regarding this application. If your preferred mailing address is different than the one listed above, please indicate the preferred mailing address in the space provided:

☐ Email: _____

☐ Paper Mail (specify if mailing address is different than above): _____

B. Household Information (Required)

PRIVACY ACT NOTIFICATION - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to disclose (a) whether compliance with the request is voluntary or mandatory, (b) why the information is requested; and (c) how it will be used. Providing Social Security Numbers and/or Taxpayer Identification Numbers on this application is voluntary. Social Security Numbers and Taxpayer Identification Numbers which are voluntarily disclosed on this application will be used only to establish an organized and specific method of identifying applicants who are seeking affordable housing within the City of New York, will be kept in a secure location, and will not be used or disclosed for any other purpose. Failure to provide a Social Security Number or Taxpayer Identification Number on this application will not result in an applicant's disqualification at this time. If your application is selected for further processing, the building's landlord will have the right to require this information at that time in order to perform a credit check.

How many persons, including yourself, will live in the unit for which you are applying? _____

List ALL OF THE PEOPLE who will live in the unit for which you are applying, starting with yourself (Head of Household), and provide the following information. Please indicate if the household member has a disability. If yes, would you describe the disability as a mobility impairment (**MI**), visual impairment (**VI**), or hearing impairment (**HI**):

| First, Mid. Initial, & Last Name, Suffix | SSN/TIN (Optional) | Relationship to Applicant | Birth Date (MM/DD/YYYY) | Sex | Occupation | Disabled? | | |
|------------------------------------------|--------------------|---------------------------|-------------------------|-----|------------|-----------|----|----|
| | | | | | | MI | VI | HI |
| | | Head of Household | | | | | | |
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| | | | | | | | | |

Are you or a member of your household a Veteran of the U.S. Armed Forces? ☐ Yes ☐ No

*Please see Definition of Eligibility below.

If you checked either mobility, visual, or hearing impairment, do you or a member of your household require a special accommodation?

☐ Yes – please specify the accommodation required: _____

☐ No

*Definition of veteran from 38 U.S.C. 101(2):

The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable.

C. Income (Required)

| Question 1 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Are you or a member of your household an employee of the City of New York, the New York City Housing Development Corporation, the New York City Economic Development Corporation, the New York City Housing Authority, or the New York City Health and Hospitals Corporation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "yes," please specify the agency or entity at which you or a member of your household is employed. | |
| Question 2 | |
| If you answered "yes" to Question 1 above, have you personally had any role or involvement in any process, decision, or approval regarding the housing development that is the subject of this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Note: If you answered "yes" to Question 1 above, you may be required to submit a statement from your employer that your application does not create a conflict of interest. If you answered "yes" to Question 2 above, you will be required to submit a statement from your employer that your application does not create a conflict of interest. Such statement would not be required until later in the application process, after you have been selected through the lottery, when you will also be required to provide other documents to verify income and eligibility.

HPD EMPLOYEES ONLY: If you are an HPD employee, please read the Commissioner's Order regarding conflicts of interest and consult with the agency's Office of Legal Affairs before you submit your application.

1. Income from Employment

| List all full and/or part time employment income for ALL HOUSEHOLD MEMBERS including yourself, WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employment earnings: | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------|--------|----------|---------------------------------------------------------------------|---------------------|
| Household Member | Employer Name & Address | Length of Employment | | Earnings | Period (weekly, every other week, twice a month, monthly, annually) | Annual Gross Income |
| | | Years | Months | | | |
| Head of Household | | | | | | |
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2. Income from Other Sources

List all other income sources for each household member, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc.

| Household Member | Type of Income | Dollar Amount | Period (weekly, every other week, twice a month, monthly, annually) | Annual Gross Income |
|-------------------|----------------|---------------|---------------------------------------------------------------------|---------------------|
| Head of Household | | | | |
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3. TOTAL ANNUAL HOUSEHOLD INCOME

Add ALL Annual Gross Income (Sections 1 & 2 above) and list the TOTAL ANNUAL HOUSEHOLD INCOME:

4. Assets

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------|
| Are there assets for this household? Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "yes," please indicate assets for each household member: | | |
| Household Member | Type of Asset/Account | Branch |
| Head of Household | | |
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D. Rental Subsidy

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <p>Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? Please check the appropriate box at right.</p> <p>Examples of other rental subsidies/certificates include CITYFEPS, FEPS, LINC, NHTD (Medicaid Waiver), Individual Services and Supports (ISS), Traumatic Brain Injury (TBI) Waiver, SEPS, and VASH.</p> <p>This information will not affect the processing of the application. Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies.</p> | <input type="checkbox"/> Yes – Section 8 <input type="checkbox"/> Yes – Other (Specify): _____ <input type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

E. Current Landlord

| Landlord Name (If you live in public housing project, enter "NYCHA." If you live in a city-owned/In Rem building enter "HPD.") | Landlord Address | Landlord Phone # |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| | | |
| What is the total rent on the apartment where you currently live or are temporarily staying? | _____ monthly | |
| How much do you contribute to the total rent of the apartment? If nothing, write "0." | _____ monthly | |

F. Source of Information

| | | | |
|-----------------------------------------------------------------------|------------------------------|--------------------------|-----------------------------------|
| How did you hear about this development? Please check all that apply: | | | |
| <input type="checkbox"/> | Newspaper | <input type="checkbox"/> | City "affordable housing hotline" |
| <input type="checkbox"/> | Local organization or church | <input type="checkbox"/> | Friend |
| <input type="checkbox"/> | Sign posted on property | <input type="checkbox"/> | Community Board |
| <input type="checkbox"/> | Website: _____ | <input type="checkbox"/> | Elected Representative |
| <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | |

G. Ethnic Identification

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|---------------------------|
| This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household: | | | |
| <input type="checkbox"/> | White (non-Hispanic origin) | <input type="checkbox"/> | Black |
| <input type="checkbox"/> | Hispanic origin | <input type="checkbox"/> | Asian or Pacific Islander |
| <input type="checkbox"/> | American Indian/Native Alaskan | <input type="checkbox"/> | Other: _____ |

H. Signature (Required)

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (We) have not withheld, falsified, or otherwise misrepresented any information. I (We) fully understand that any and all information I (we) provide during this application process is subject to review by The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I (we) understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my (our) application, the termination of my (our) lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I (WE) DECLARE THAT NEITHER I (WE), NOR ANY MEMBER OF MY (OUR) IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Signature: _____

Date: _____

Signature: _____

Date: _____

OFFICE USE ONLY:

Person with Disability: ☐ Mobility ☐ Visual ☐ Hearing

Community Board Resident: ☐ Yes ☐ No

Municipal Employee: ☐ Yes ☐ No

Size of Apartment Assigned: ☐ Studio ☐ 1BR ☐ 2 BR ☐ 3 BR ☐ 4 BR

Family Composition: Adult (Males) _____

Adult (Females) _____

Children (Males) _____

Children (Females) _____

TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____

PER YEAR